

Yes

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

IS THIS AN AMENDMENT?

(CFA-4) **Summary Sheet** 

FILE NUMBER

No

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

	COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organiz		POSTE IN THE PROPERTY.	INSTRUCTIONS	IAIDST &
			ttee Telephone Number	
4. Mailing Address (address where all campaign finance	correspondence is received)	Check if this is	s a new address	tard on a word made
5. City, State, ZIP Code  CARNEL IN 4608	2 to live he was not seen as		ffiliation (if applicable)	Entern Junion 10 Information
CANDIDATE	INFORMATION (For Candidate's	Committees	s Only)	TEXT SUCCES
7. Full Name of Candidate (include any nickname)	1	8. Party A	ffiliation or If Independ	ent Candidate
RALPH F. (DILLE) Me	KINNEY	RE	PUBLICAN	
9. Office Sought (Include district number, if any. Not rec			y of Residence	IS THE AN AMEND
TYPE C	OF REPORT		CONVENT	ON CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Nomination	Other	Seegal I as	Check one:	nvention
Final/Disbands Committee (lines 18, 19, and 20 must be "0")	Outgoing Treasurer (within 10 days amend Statement	of Organization)	Post-C	onvention
12. Reporting Period:	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		COLUMN A	COLUMN B
From: JAW / 2008 Th	rough: April 11 2008		This Period	Year to Date
13. Cash on hand and investments at the beginning of the			10	
14. Cash on hand and investments January 1, current y	ear.			*0
CONTRIBUTIONS A (Note: these amounts include in-kind contributions and				
15a. Itemized (use Schedule A)	on any manufacture abullate measure it	abox 975, br	+4000	14000
15b. Unitemized	acos no pasmali		7200	\$200
15c. Add lines 15a and 15b in both columns	SUB	TOTAL	7 4200	14/200
16. Add lines 13 and 15c in Column A and lines 14 and	15c in Column B	TOTAL	14200	14200
EXPENDIT	URES			
(Note: These amounts include in-kind expenditures and	loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use S	chedule C)	ics box yrbo	9 2665	+2665
17b. Unitemized	attention upper an individual on Situ	mmes A fun	1 320	1 320
17c. Add lines 17a and 17b in both columns	SU	BTOTAL	12985	+2985
18. Cash on hand and investments at close of this reporting per	od (subtract 17c from 16 in both columns)	TOTAL	1215	1215
19. Debts OWED BY the committee (use Schedule D)	ent E superor		1/650	
20. Debts OWED TO the committee (use Schedule E)	by the candidate confidention	Jifgune priss	-0-	
	ERTIFICATION		Will Assess the Control of the Contr	FOR OFFICE USE ONLY
	OF MY KNOWLEDGE AND BELIEF IT IS	TRUE CORRE	CT AND COMPLETE	-O TICE OCCUPEN
Signature on File	Title Treasurer	Dat		7
	U pendirios A tinger to equi bate some sow as	Dat	e 4/11/08	
	or sale or used for any commercial purpose irson who fails to file a complete or accu and may be subject to civil penalties. (IC 3	rate report as re	equired by the Indiana 5	3: 34



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as lean proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
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Page _	2 of 10			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. John Culp	Contributions: Direct In-Kind (describe)	÷		2/28
970 LOSAN St. Nuslesable, IN 46060	Other Receipts:  Interest Loan  Misc. (specify)	150	150	RM
2. LAWRENE Beck 6401 EAS. 2767	Contributions: Direct In-Kind (describe)	tot notemation for	year Company year Company sec	3/13
Atlanta IN 46031	Other Receipts:  Interest Loan  Misc. (specify)	500 -000	500	BM
2. LARRY DAWSON 1171 N. CLARITE WAY	Contributions: Direct In-Kind (describe)	EAR TO DATE	BVITA JUMUS	3/13
Chance IN 46032	Other Receipts:  Interest Loan  Misc. (specify)	on vsc man	250	RM
4. Rick McKinsey 1469 Walker mil	Contributions: Direct In-Kind (describe)	6	n-E OT) , belien in	261
West field IN 46074 Contributor's Occupation (# required) CARDIDATE	Other Receipts: Interest Loan Misc. (specify)	1650	1650	RM
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$ 2550		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 Nowtgomen Aviation 11329 East SR32 Ziensule, IN 46077	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	500	500	4/1 Rm
Republic Services of KENTUCKY, CCC 4000 Prale Certan/ Nicholas ville, KY 40356	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)	300	300	4/1 Rm
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15e of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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SOLUCTION -40 to emporitui will les quevis	Other Receipts:  Interest Loan  Misc. (specify)			TICATRUSMI
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santo re resedental biorten probabili nonte	Other Receipts:	-/a	МОШИТ ТИВОМА Перейорова	/ WHO.IOO
tento o realizarest private gracilizar anostus	Interest Loan Misc. (specify)	EAP-TO-DATE:		need to ear
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A A PURIOR A	Contributions:  Direct In-Kind (describe)	STA SUDUSTANCE SET SET INSTEAD	no space on on eigune is the	ot the Same
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, refuns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Anier	Other Receipts: Interest Loan Misc. (specify)	ma pilitosi com		/
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees MUST be itemized on and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Committee to the Elect Doob Caroler 610 NORTH LANSING Dr. Cicero, IN 46034	Contributions:  Direct  In-Kind (describe)  Other Receipts: Interest Loan  Misc. (specify)	500	500	3/5/08 RM
15606 Tome Rosel	Contributions:  Direct In-Kind (describe)	edicass of all ca		4/10
Westfield IN 46074	Other Receipts: Interest Loan Misc. (specify)	150	150	RM
3. sento no meselement consent probusini nucuos	Contributions:  Direct In-Kind (describe)	telle CO Raine	WORKE THIS PERCE	ain tot man in
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code C Harriba County Regulation Maty 7246 Fishes Crossing Fishes IN 4638	NA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Linkith DA Dename	*80	*80	3/5
CAMUL TN 46032	PRINTER/CAMPAS-Syptes	Direct   In-Kind   Payment of Debt   Returned Contribution   Other   Purpose:   Part   Supples	+463	463	4/4
Code O Spirite Parly 2325 Novite Parly Cumul, FN 1/632	teleghe co-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:  Pure Call	7 200	7200	3/31
Love's 8002 N. Shelder TATES IN 46250	HARlore Star	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	177	177	4/6
Menards 2150 E. Graphed Bree CAME TN 46033	Handine Star	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	220	,550	3/10
Code D US POST ONTHE 310 Median/ De CALNEL, IN 46032	Pos. Olke	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: MALUN 6	418	*478	2-12 to 4-9
ANDRESSAN (Myphs 7016 Coffeen Re  TAPPLS IN 46268	Partn	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	*1047	1047	4/9
SCHEDULE 8 ON THE LAST PAGE	SUBTOTAL THIS PAG		\$ 2665		
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Enter Text of Public Question	PUBLIC QUESTION	ON INFORMATION			
				/	7
Type of Question: Statewide Position: Supported Oppo	] Local sed	ampoint of the following		w one/	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code	and Padaral Expression Front Procession for the Padara Service for the RECIPIES TO COUPA NOT READTHER SOUTH	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		n 23000 S M DOW K 167 Mns August etc D	UTIF (GFX3)
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page	9	of	10	JIE	

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDIN BALANCE TH PERIOD
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y .	TOTAL OF AL	L PAGES OF SCHEDUL (Enter total on I		ST PAGE ONLY Summary Sheet)	\$ 1650 \$ 1650

# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER						

BORROWER'S NAME CO-SIGNER'S NAM & MAILING ADDRESS & MAILING ADDRESS		ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
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